

FILED OCT 16 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31350

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5975 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Mc Kinley</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flemington</u>	
c. LENGTH OF STAY (In this place) <u>Small test</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. East of Flemington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mi. North East of Bolivar</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Rucker</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>25</u> (Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 26 1882</u>
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>7</u> DAYS <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Franklin Rucker</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Blaylock</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Blanche Rucker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Blanche Rucker</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>Flemington</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. H. H.</u> Polk County Coroner	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>9-28-50</u>
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24a. BURLAL CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 28 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Adonis Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 7, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Blue Bolivar</u>	ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD. 1
District No. 5 - Springfield

RECEIVED OCT 10 1950
Dist. File 1052-2092
Date Filed 10-10-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, MD

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.